MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 590005

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		1				
4		1				
5		3				
6		(0)				
7		(0)				
8		(0)				
9		(0)				
10		(0)				
11	1					
12		1				
13		2				
14		2				
15	1					
16		1				
17		2				
18		(0)				
19		(0)				
20		(0)				
21			1			
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31			1	1		
32				1		
33				1		
34				1		
35			1	1		
36				1		
37				1		
38				1		
39				1		
40				1		
41						
42						
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44						
45						
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.		22		17		
TOTAL CLAIMS	25		20			

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)